



REGISTRATION FORM

Office of the Patient Advocate

2nd Annual HMO Consumer Advocacy Symposium

May 28, 2003



I will attend the Symposium: ☐ Yes
☐ No *

Sacramento Convention Center
1400 J Street, Sacramento, CA

* (Please FAX to events! if you would like your name and contact information to be added to the OPA mailing list)

Please complete and return this form **by April 24, 2003 via fax** to: events! (916) 608-8787

Or, mail to: events! P.O. Box 1550, Folsom, CA 95763

Or, e-mail to: sb@eventswebpage.com

Name: FIRST LAST
(As you would like it to appear on your name badge)

Title: _____

Agency/Organization: _____

Street: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: _____ Fax: _____

Hotel Accommodations: If needed, please contact events! at 916.608.8686.
Hotel registration deadline is April 24, 2003 for group rate.

Please indicate which of the following sessions you anticipate attending:

Tuesday, May 27, 2003

☐ Networking Reception (to be held at the Sheraton Grand Hotel, 5-7 p.m.)

Wednesday, May 28, 2003

☐ Wednesday Luncheon ☐ Are you interested in a vegetarian meal at the luncheon?

Afternoon Breakout Sessions (Please choose only one session):

☐ A. Improving the Readability of Consumer Education Materials –
Needs Assessment and Strategic Planning

☐ B. Health Care Arbitration – What's All the Fuss About?

☐ C. Coordinating Advocacy Services for California's Senior Population

☐ D. Linguistic Access and Cultural Competence in HMO Settings



Do you have any special needs? If so please list _____
California Relay Service 1-800-735-2929 Voice Line 1-800-735-2922 TDD